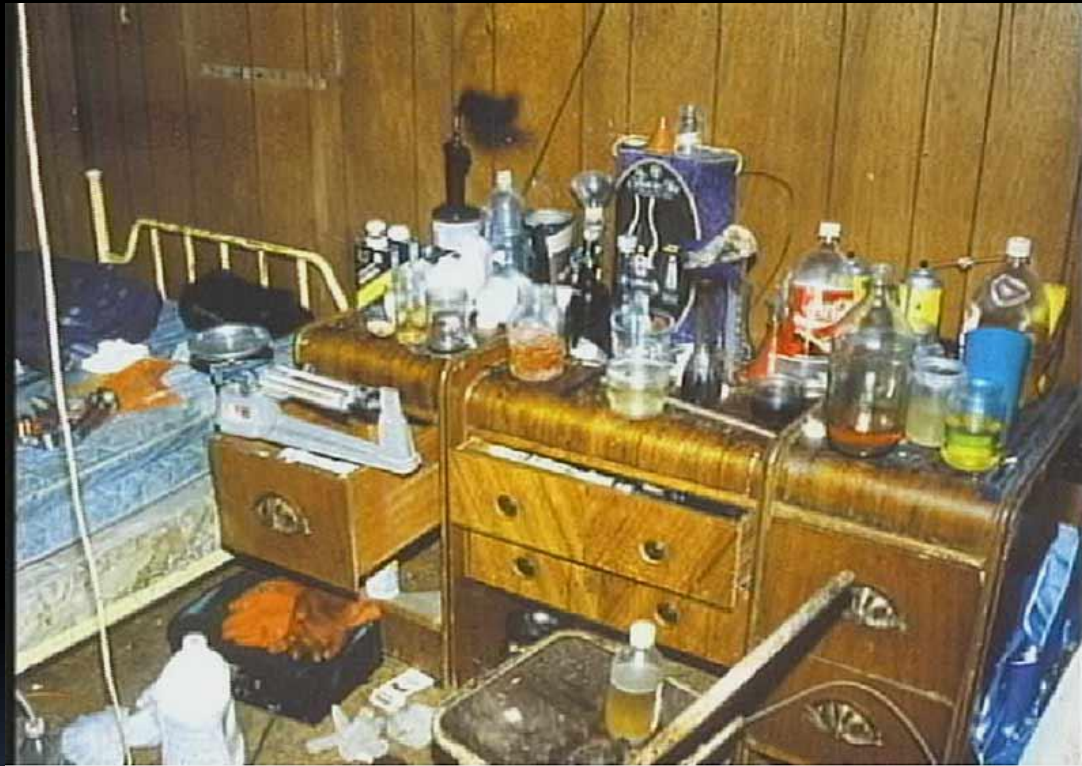


How Pharmacists and Pharmacy Technicians can curb Indiana's Meth Lab Crisis



COMMON SENSE SOLUTION...

Fulton County Citizen Action Committee

Fulton County Citizen Action Committee

- Marc Williamson
Substance Abuse Prevention Specialist,
Youth Services Alliance,
Drug Free Fulton County Coordinator
- Harry Webb, PD
Pharmacist/ Owner Webb's Family Pharmacy
Rochester and Akron, Indiana

Objective

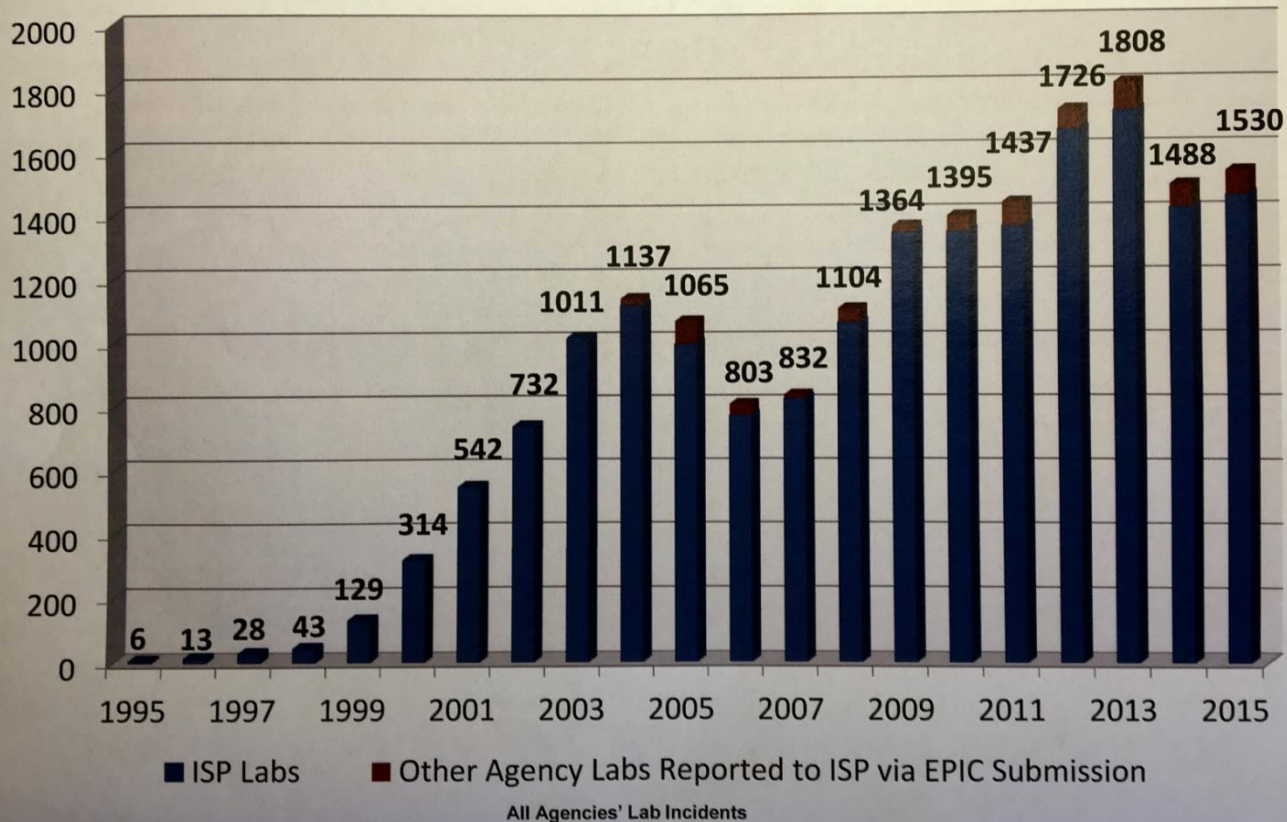
- Highlight the magnitude of the meth lab problem
- Illustrate the process which fuels meth labs daily
- NPLEx & Inspect- how they work, how to use
- Identify common smurfing behavior and how to address it without conflict
- Key elements of the new Pharmacist legitimization law

The **HUGE** meth lab problem

- Over 11,000 meth labs are found annually, but what is the real number?
- INDIANA – Since 2012 Indiana has led the Nation – more clandestine labs discovered than any other state.

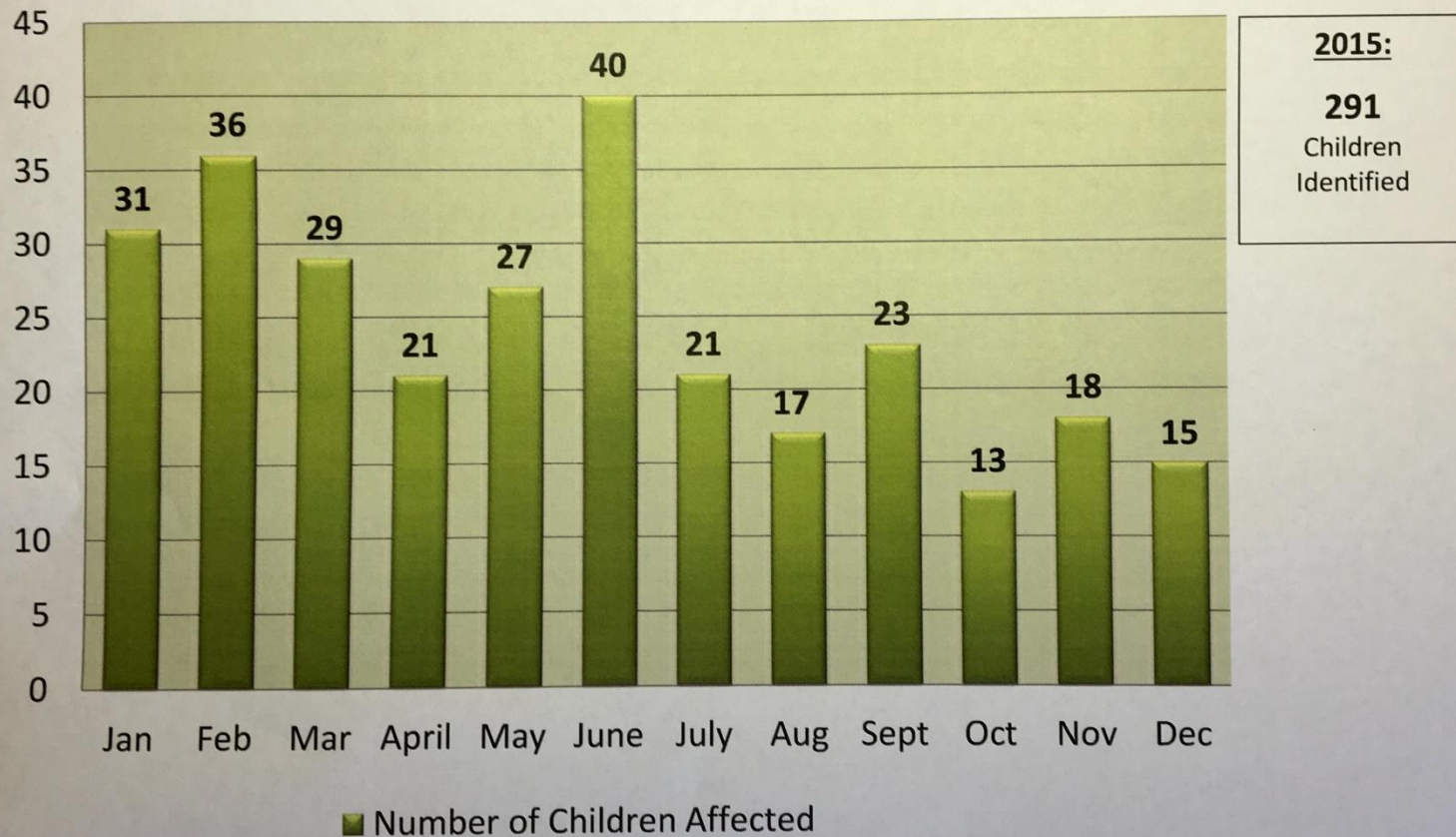
The Ugly Reality – Indiana Stats

Indiana Law Enforcement Clandestine Lab Incidents
1995 - 2015



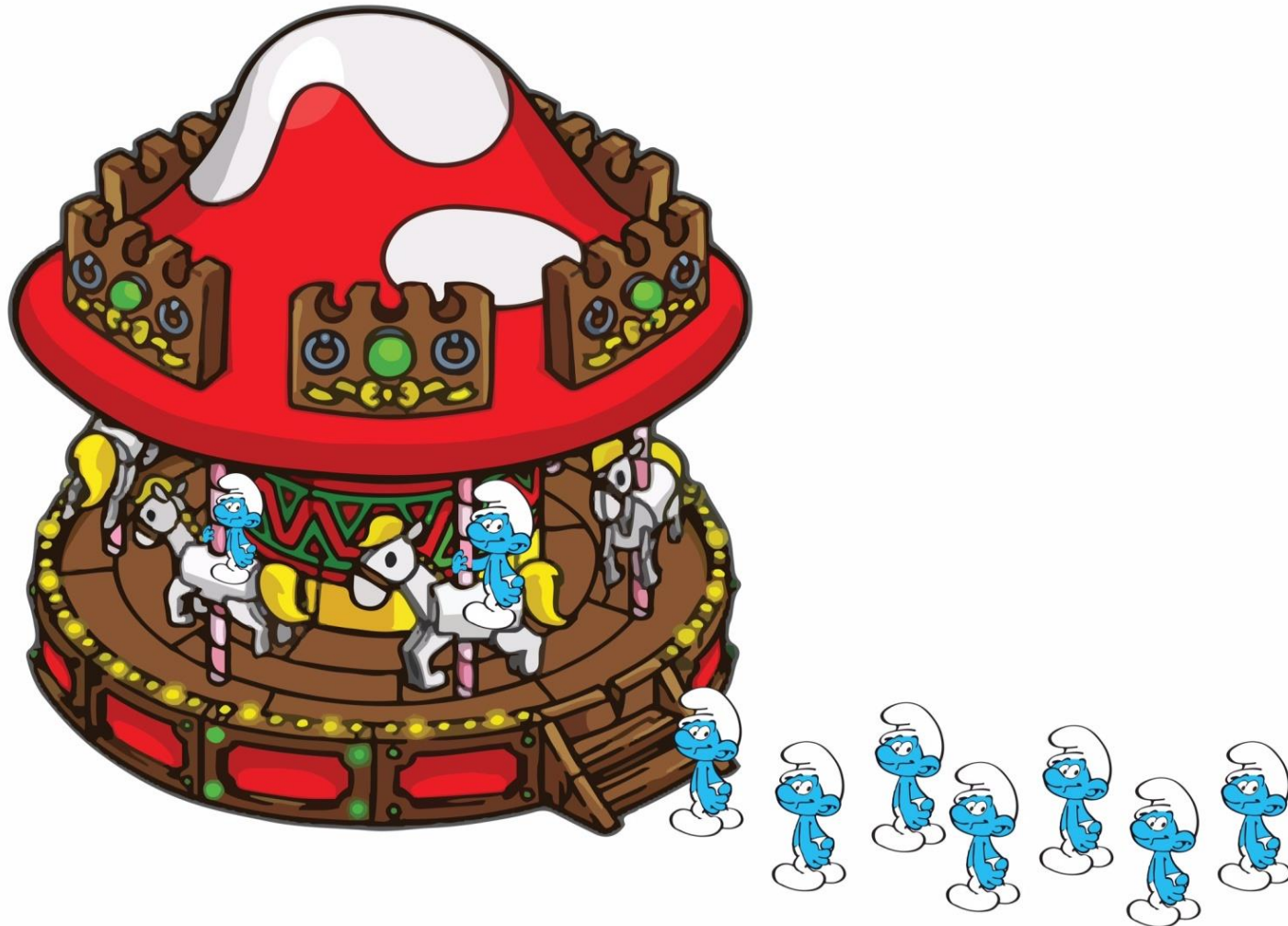
Helpless Victims – The Children

Indiana State Police Children Identified in Clandestine Lab Environments 2015



ISP Lab Incidents Only

Meth Lab Merry-Go-Round



Meth Lab Merry-Go-Round

- This ride is open 24-7
- Fueled by unabated pseudoephedrine (PSE) and precursor sales
- NPLEx assists law enforcement but this method is so wide spread and meth is so addicting the line to get on this wild ride is still stretching around the block!
- This ride is costing Indiana MILLIONS
- **Do we need more jails or less PSE?**

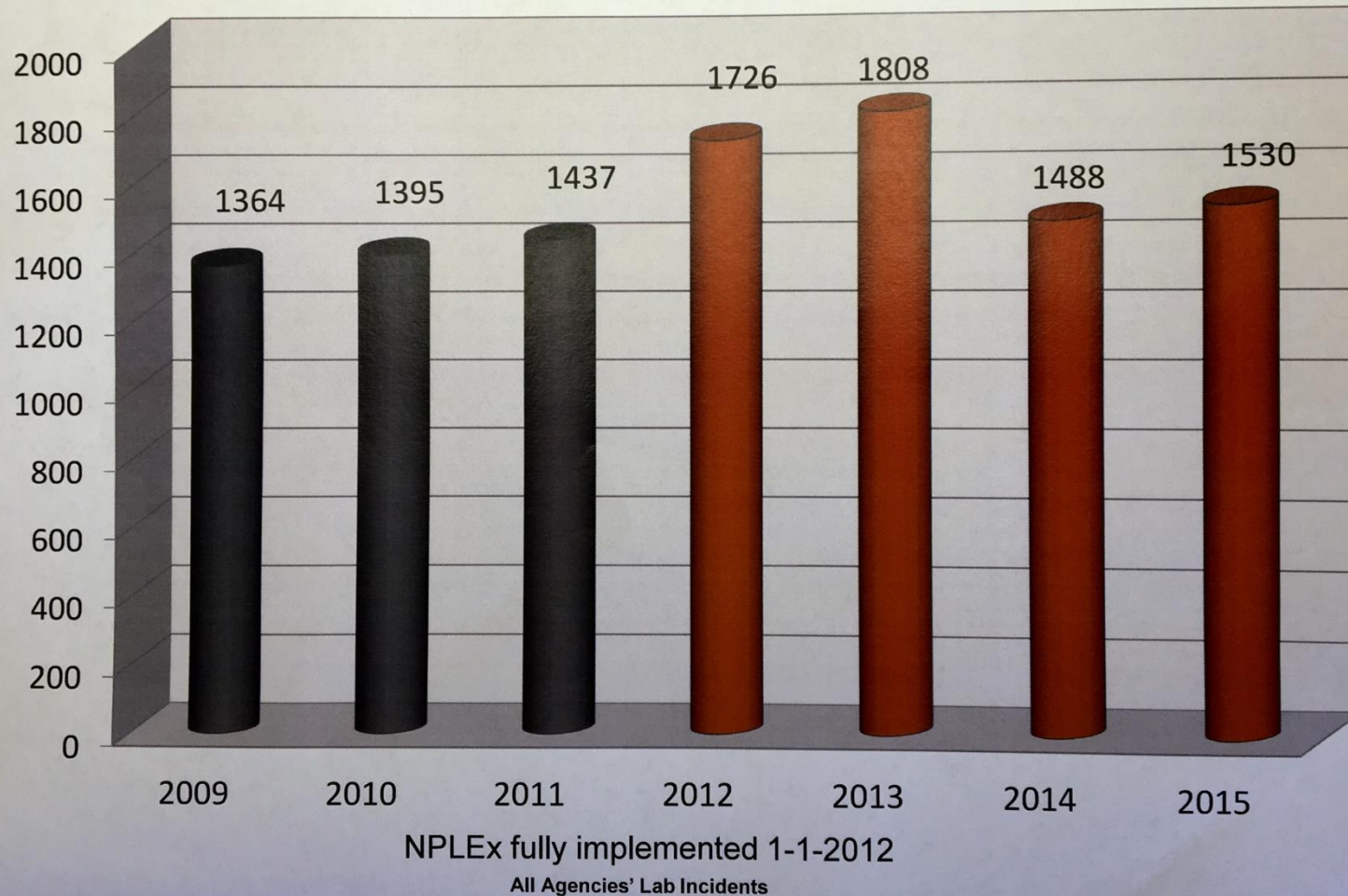
THIS IS AN EVOLVING EPIDEMIC!

- NPLeX and current laws have forced Meth Cooks to recruit hundreds of individuals to purchase pseudoephedrine for them. These individuals can be anyone, not just meth users or drug users. They can be friends, family members, neighbors, factory workers, and college students; virtually anyone who wants to make a quick buck. Meth cooks pay up to \$50 a box for PSE. This activity is commonly referred to as smurfing and the individuals themselves are called Smurfs. NPLeX cannot easily identify these smurfs, but there are *HUNDREDS* of them in every county.

Lab Seizures before and after NPLeX

Comparison of Lab Seizures:

Pre-tracking of PSE 3 years before NPLeX PSE block sale system tracking and 3 years after



Smurfs are the Link between the Pharmacy & the Meth Cook...

- Pharmacy staff on the other hand can easily spot a smurf and their behavior is widely known. They usually seek a 20 count package of 120mg pseudoephedrine enough for 2 grams of meth.
- They don't come to the counter talking about symptoms or seeking a recommendation. They usually cruise by the pharmacy looking to see what is in stock before approaching the cashier. Sometimes they even use street slang when purchasing the products.
- Many Pharmacies do little to limit the sale and some management actually prohibit any sales restrictions. In many chain stores, the pharmacist is rarely consulted or involved in the purchase.

The HEART of the Meth Lab Problem



The HEART of the Meth Lab Problem

- Before this new law, Pharmacies in every County sold PSE, the essential ingredient in meth, daily and knowingly to Smurfs, for use in the immediate manufacture of meth...
- Pharmacies and Pharmacists must assume responsibility for the PSE they sell!

Arkansas Legitimization Law reduces PSE sales 90 percent

Friday, February 19, 2016

THE ROCHESTER SENTINEL.

Rochester, Indiana 46975

The Voice of Fulton County's People Since 1858

Single copy 75¢

Pseudoephedrine laws halt labs

Arkansas meth production drops rapidly after medicine sales restricted

Editor's note: This story first appeared in the Arkansas Democrat-Gazette, Little Rock, Ark. It is reprinted with permission. A similar approach, engineered by Rochester's Val Pemberton and Harry Webb and their Citizen Action Committee, has led to legislation pending at the Indiana General Assembly.

BY HUNTER FIELD
Arkansas Democrat-Gazette

Pharmacists feared a backlash from customers when the state enacted tighter regulations on pseudoephedrine five years ago, but the complaints never came.

"There was no outcry," said Arkansas Board of Pharmacy Executive Director John Kirtley. "That tells me a lot of it was being sold for illegal use, and the people who really needed it still got it."

'That tells me a lot of it was being sold for illegal use ...'

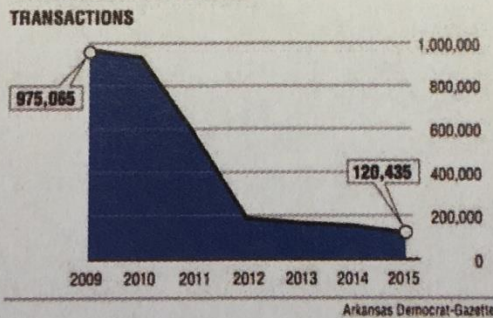
In 2010, there were 936,759 retail pseudoephedrine transactions in Arkansas, according to statistics from the Arkansas Crime Information Center. In 2012 – one year after the tighter regulations – retail sales of the drug dropped by 744,833 to 191,926, according to the statistics.

Sales continued to decrease after 2012. There were 120,435 pseudoephedrine transactions last year.

Pseudoephedrine is a cold and allergy decongestant medication. It's also a key ingredient used to produce methamphetamine, an addictive recreational drug.

Pseudoephedrine sales since 2009

The state began tracking the sale of pseudoephedrine in mid-2008. Since new regulations were enacted in 2011, sales have dropped almost 90 percent.



Production of the illegal drug had surged in Arkansas, so the state Legislature restricted the sale of the key ingredient – pseudoephedrine.

It was a balancing act between eliminating meth manufacturers' access to the drug, which was traditionally sold over the counter, without making it unavailable to people who legitimately needed it.

The law, Act 588 of 2011, required pharmacists to make "a professional determination" on whether a patient needed pseudoephedrine in the absence of a prescription.

That legislation followed Act 256 of 2005, which mandated that tablet forms of certain cold medications be sold from behind the pharmacy counter, and Act 508 of 2007, which created a law enforcement database to track pseudoephedrine bought at pharmacies.

Five years after the most recent law, methamphetamine labs have nearly disappeared, and pseudoephedrine sales have declined, but methamphetamine use and arrests for its use appear to be unaffected, said Matthew Barden, assistant special agent in charge of the federal Drug Enforcement Administration's Little Rock office.

South American and Mexican methamphetamine made in "super-labs" by drug cartels replaced the state's homemade version, he said. The new illegal drug costs less and is more pure.

Methamphetamine made with pseudoephedrine in Arkansas illegal labs usually is less than 25 percent pure, but the cartel-linked methamphetamine found in Arkansas has almost 100 percent in purity, Barden said.

Please see **Labs**, Page 8

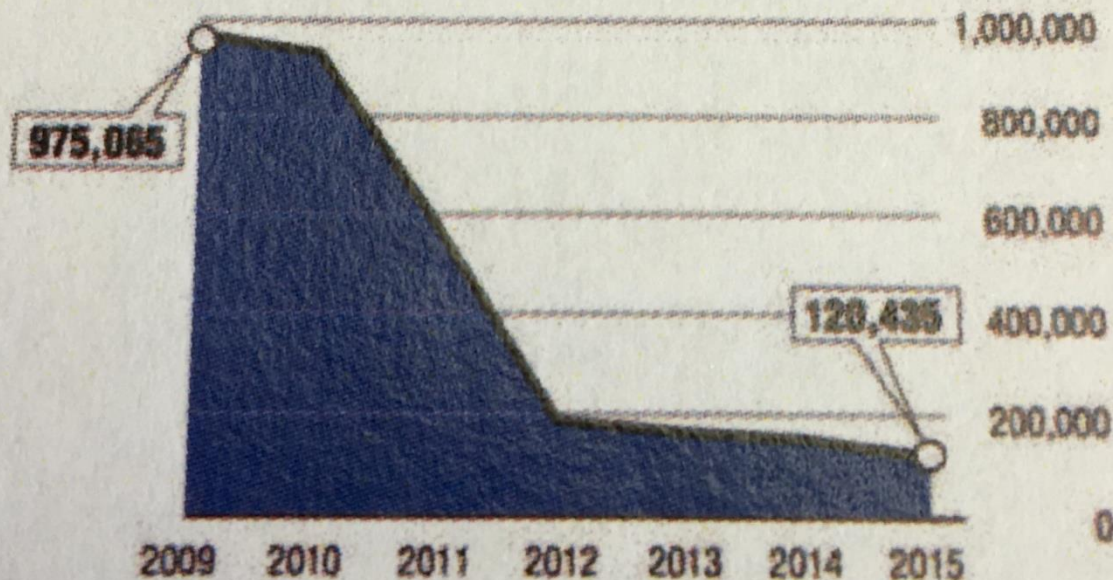
... methamphetamine labs have nearly disappeared.

From 975,065 to 120,435 boxes
90% reduction

Pseudoephedrine sales since 2009

The state began tracking the sale of pseudoephedrine in mid-2008. Since new regulations were enacted in 2011, sales have dropped almost 90 percent.

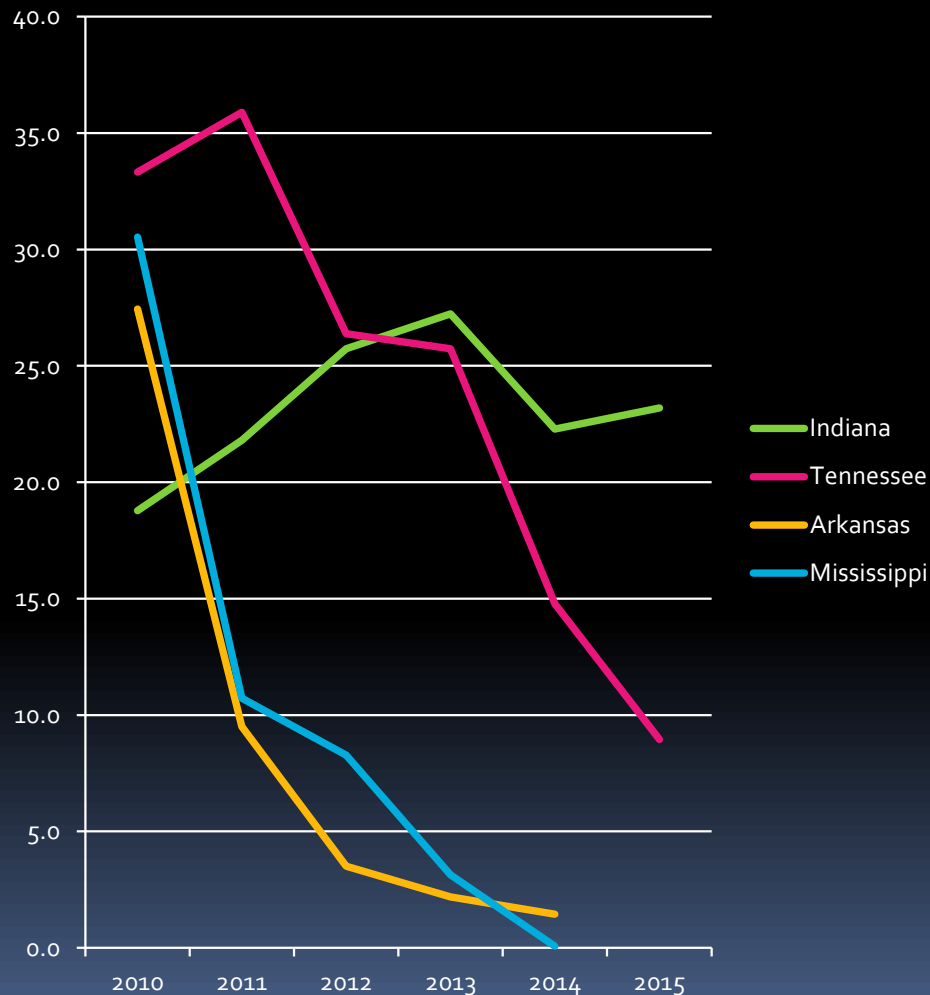
TRANSACTIONS



Arkansas Democrat-Gazette

In Arkansas Rx Legitimization works

Population adjusted – Labs per 100,000 people



Tennessee had a very significant Meth Problem starting in 2008. Regarding meth lab incidents, Indiana passed Tennessee in 2013. Both States are similar in population size.

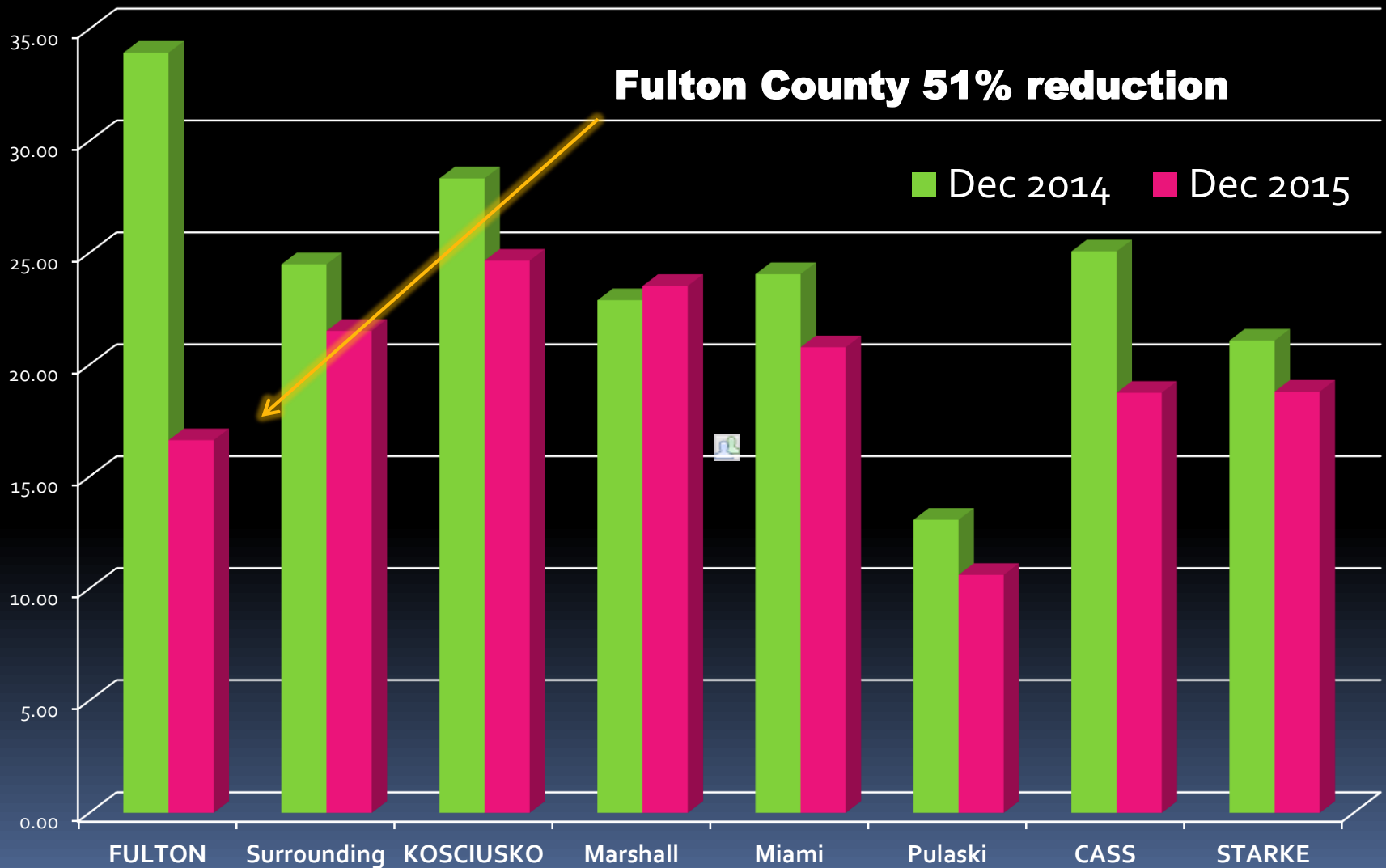
- Tennessee passed language allowing a Pharmacist to legitimize without repercussions but not mandated in June 2014.
- Tennessee saw a 43% reduction in the 1st year of the law. (2014)
- Tennessee also has significantly smaller monthly and annual limits on OTC PSE sales (NPLEx limitations)

Mississippi made PSE a prescription drug in 2010.

- Mississippi saw a 65% reduction in the 1st year of the law

Arkansas passed Pharmacist legitimization in 2011; Arkansas saw a 65% reduction in the first year of the law. Almost mirroring Mississippi's success.

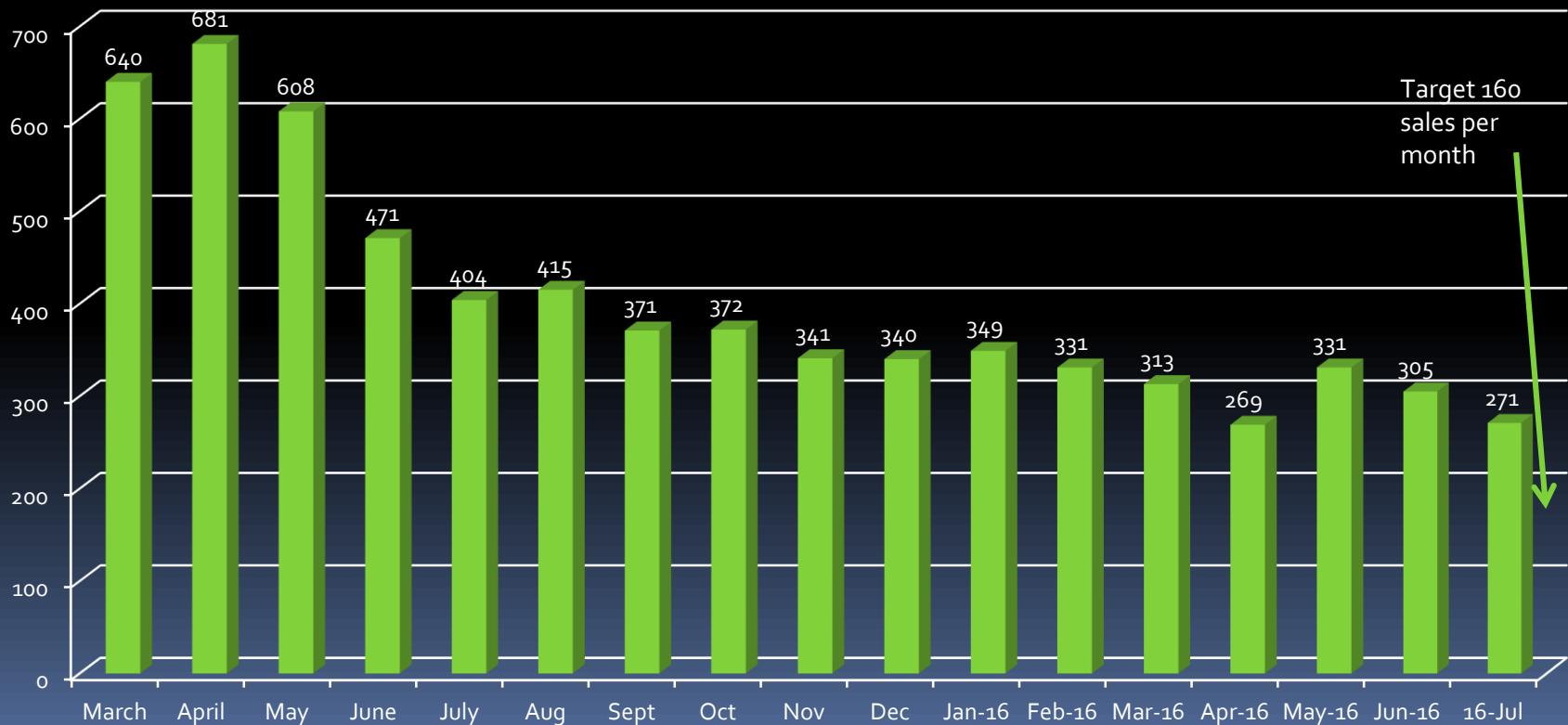
PSE sales per 1000 Population surrounding counties Dec 2014 & Dec 2015



Fulton County March 15 to present

- Fulton County pharmacies started legitimizing sales in June and July of 2015

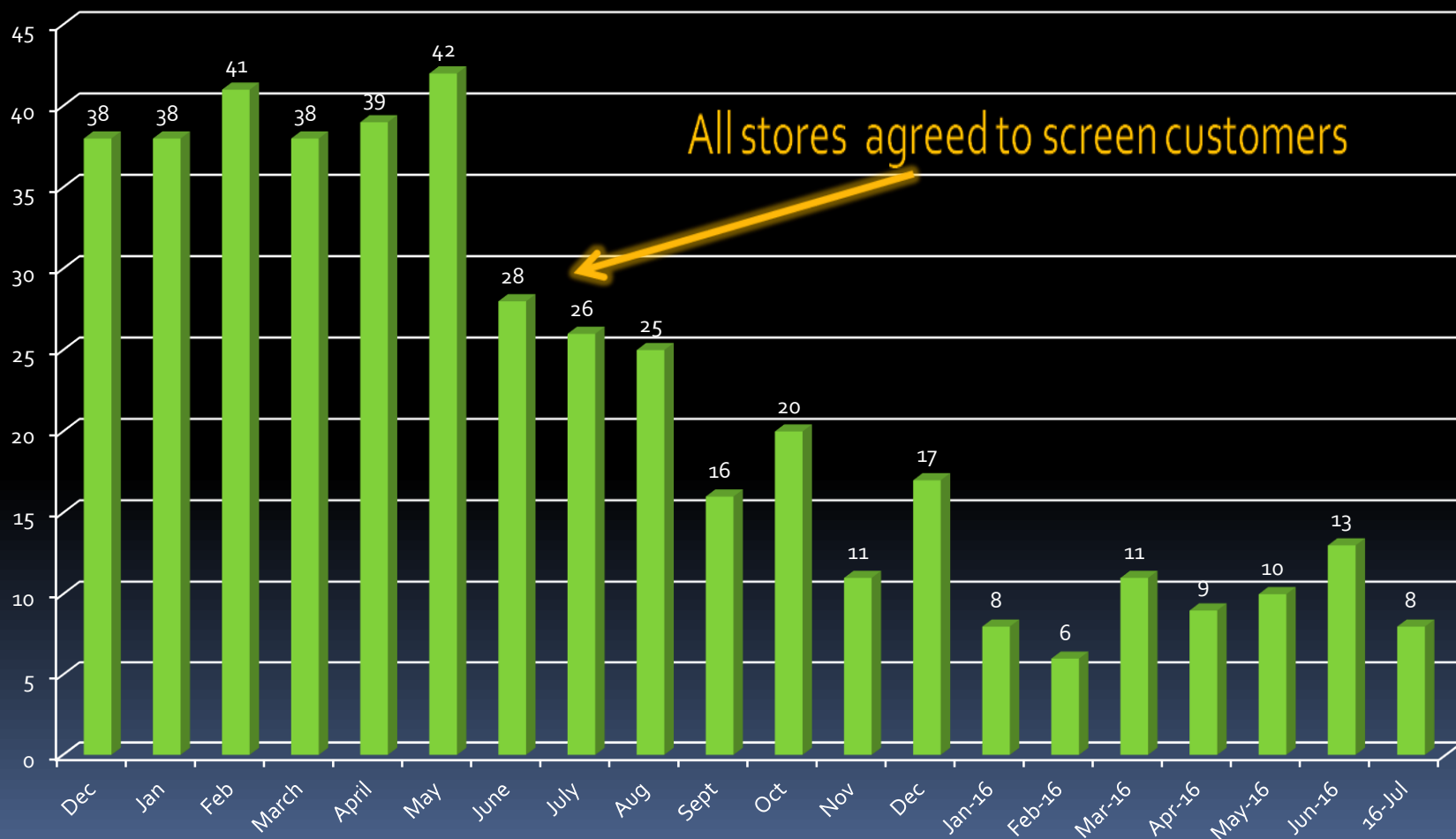
Boxes Sold March 2015 – July 2016



Fulton County Blocked Sales

Key Measure of Smurfing activity

Blocked Sales Fulton County



Fortunately Meth-Deterrent PSE is now available

- More products like these are on the horizon. When big pharmaceutical companies lose market share they will launch products with meth resistance.
- Consumers embrace these effective products when they know about them. But many stores don't stock them unless forced

SO HOW DOES A PHARMACIST DETERMINE A LEGITIMATE NEED?

Know and recognize typical smurfing behavior

Most pharmacists agree that determining a legitimate need is pretty easy stuff.

1. Most smurfing happens in bunches. *The smurfs are buying so the cooks can cook.*
2. Usually ask for single entity PSE in the largest pack size they can buy.
3. Smurfs often have blocked sales because they can't keep track of the last time they bought.. Turning away one smurf tends to end the activity. And stores that do it repeatedly see very little smurfing.

Legitimate Customer usually are treating acute symptoms

- Usually not asking to buy the maximum amount.
- They usually ask for help with symptoms
- Requests for combo products can be split up using meth deterrent PSE and other ingredients. I.E. cetirizine, loratadine, guaifenesin
- Busy stores that have adopted similar policies do roughly 2 NPLeX transactions a day
- All of the pharmacy staff is happier knowing they are making a difference, instead of enabling a meth epidemic.

SEA 80 Creates new rules that Pharmacists should follow when selling PSE products

Creates two retail transaction scenarios.

1. Relationship of Record
2. Non Customer of Record (new patients)

Relationship of Record – as currently defined

The term “relationship on record” means a relationship formed between an individual and a pharmacy, of which the pharmacy holds a profile in their pharmacy’s system of the individual for prescription medication dispensed, or the individual previously purchased ephedrine or pseudoephedrine at that pharmacy location and is tracked in the National Precursor Log Exchange (NPLEx) system.

Dispensing Requirements for Individuals with a Relationship on Record

If an individual has a relationship on record and intends to purchase a product containing ephedrine or pseudoephedrine, the pharmacist may use their professional discretion in determining whether there is a legitimate medical or pharmaceutical need for the product before dispensing. A pharmacist's professional determination to dispense a product containing ephedrine or pseudoephedrine shall be based on factors relevant to the individual's medical need or the appropriateness of purchasing the requested product, taking into account:

- (1) The individual's relationship on record; or
- (2) The pharmacist's screening of the individual's existing medical conditions and physical symptoms as appropriate for the treatment being considered. The screening may include a review of the individual's medical history, disease history, prescription history, physical symptoms, and relevant vital signs. Screenings performed by the pharmacist may be documented and maintained in the individual's pharmacy record.

However, if the pharmacist believes that the ephedrine or pseudoephedrine purchase will be used to illicitly manufacture methamphetamine, the pharmacist may refuse to dispense the ephedrine or pseudoephedrine product to the individual.

Dispensing Requirements for Individuals with a Relationship on Record

In summary – if you know them, they are regular customers – Pharmacists MAY screen but not required.

If, in your judgment, you believe it is a legitimate request. Patient can buy up to the limit on the product they want.

Documentation of the sale suggested, not required at this point.

If you are floating or if it is a customer you do not know,

- review profile
- talk with the technicians
- review medical history.
- Offer meth deterrent products if you cannot determine legitimacy.

Dispensing Requirements for Individuals WITHOUT a Relationship on Record

If an individual does not have a relationship on record and intends to purchase a product containing ephedrine or pseudoephedrine, the pharmacist may dispense the product only after making a professional determination that there is a legitimate medical or pharmaceutical need for the product. The pharmacist shall base the decision to dispense on factors relevant to the individual's medical need or the appropriateness of purchasing the requested product, taking into account the pharmacist's screening of the individual's existing medical conditions and physical symptoms as appropriate for the treatment being considered. The screening may include a review of the individual's medical history, disease history, prescription history, physical symptoms, and relevant vital signs. Screenings performed by the pharmacist may be documented and maintained in the individual's pharmacy record.

However, if the pharmacist believes that the ephedrine or pseudoephedrine purchase will be used to illicitly manufacture methamphetamine, the pharmacist may refuse to dispense the ephedrine or pseudoephedrine product to the individual.

A pharmacist or pharmacist technician shall not deny dispensing a product containing ephedrine or pseudoephedrine solely based on an individual not having a relationship on record.

Benefit of the doubt

Almost anyone can get small pack size

If a purchaser does not have a relationship on record with the pharmacy, or the pharmacist has made a professional determination that there is not a legitimate medical or pharmaceutical need for ephedrine or pseudoephedrine, the purchaser may, at the pharmacist's discretion, purchase only the following:

(1) A product that has been determined to be an extraction resistant or a conversion resistant form of ephedrine or pseudoephedrine.

(2) A product that contains not more than:

(A) a total of seven hundred twenty (720) milligrams of ephedrine or pseudoephedrine per package; and

(B) thirty (30) milligrams of ephedrine or pseudoephedrine per tablet.

The pharmacist may not sell more than one (1) package of ephedrine or pseudoephedrine to a purchaser under this subdivision per day.

However, if the pharmacist believes that the ephedrine or pseudoephedrine purchase will be used to manufacture methamphetamine, the pharmacist may refuse to sell ephedrine or pseudoephedrine to the purchaser.

Pharmacists best tool

Meth Deterrent – conversion resistant products

Displaying and offering meth deterrent products early into a conversation can quickly determine legitimate need.

Meth can be made from the expensive combo products. As PSE becomes harder to get, smurfs will request large pack sizes of these combo products. When in doubt break it down with meth deterrent product and single entity antihistamine or anti-inflammatory.

NPLEx is used after Pharmacist Review

- NPLEx – real time OTC purchasing database developed and funded by drug manufacturers
- Will block sales to persons who have exceeded 7.2 G of PSE per month. (240 30mg tabs or 60 120mg tabs) Also blocks over 61.2 G per year
- Will soon block sales to convicted felony drug offenders
- Retrievable database for law enforcement but not pharmacies
- **Not a way to determine legitimate purchase.**
- Make sure ID is of person purchasing
- Tracks three metrics for retrospective review
 - Boxes sold
 - Blocked sales
 - Grams per transaction
- **Pharmacies should take note of customers with blocked sales and restrict future sales, convert to meth deterrent or require prescription.**

INSPECT – managed by Board of Pharmacy

INSPECT – Starting July 2016 all PSE prescription sales are reported to INSPECT.

Retrievable database for pharmacists, prescribers and law enforcement

Does not interface with NPLEx

- Not real time
- Does not block sales
- Patients with Rx's for large amounts should have inspect checked prior to dispensing

Key takeaways

1. One pot meth labs are costing our state and local governments millions of dollars, destroying property, and fueling the heroin epidemic.
2. PSE is the one ingredient they must have
3. Recognize smurfing behavior
 - Large pack size single entity requests
 - Tend to come in one at time few minutes apart
4. Stock, Display and Recommend meth deterrent products
5. Pharmacists are uniquely positioned to solve this crisis and provide legitimate patients access to this important decongestant.